



# The Journal

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September 4, 2014

## September is National Preparedness Month – Be Ready!

**Courtesy of CNIC,  
Public Affairs and NSAB  
Emergency Management**

Aug. 29, President Obama proclaimed September 2014 to be National Preparedness Month. By this Proclamation, individuals are called upon to take action to prepare in advance for the likelihood of a variety of hazards our Nation faces in any given year.

At Naval Support Activity Bethesda (NSAB), that readiness has taken the form of a team effort between NSAB's Emergency Management office, Fleet and Family Support Center and the American Red Cross.

Throughout September and across NSAB, information tables will be staffed by these offices to provide useful information on a variety of topics which will help you and your family in the event a natural disaster or crisis should occur. There is no better time than now to learn about emergency preparedness, according to one of NSAB's experts on emergency management.

"It's important to be better prepared in both your professional life, and in you and your family's personal lives," said Les Hiatt, NSAB deputy emergency manager, "because you never know when disaster may strike. What better way than to visit the information tables around NSAB this month, talk to experts trained in those areas, visit available online resources and share it all with your family?"

The month culminates in a Day of Action on Sept. 30. Navy personnel and families are directed to go to the Ready Navy website at [www.ready.navy.mil](http://www.ready.navy.mil) to register in America's PrepareAthon and to join America in pledging to take at least one preparedness action this month.

"The safety and well-being of very member of the Navy—Sail-



Photo by Mass Communication Specialist 2nd Class Brandon Williams-Church

**Visitors gather important disaster preparedness information from NSAB's Emergency Management, Fleet and Family Support Center and the American Red Cross staff at Main Street, Sept. 3.**

Friday, Sept. 5: 10 a.m. - 2 p.m. - Navy Exchange  
Tuesday, Sept. 9: 11 a.m. - 1 p.m. - Bldg. 62  
Thursday, Sept. 11: 10 a.m. - 1 p.m. - Bldg. 17  
Monday, Sept. 15: 10:30 a.m. - 1:30 p.m. - USUHS  
Wednesday, Sept. 17: 6 a.m. - 9 a.m. - Navy Lodge  
Monday, Sept. 22: 10 a.m. - 1 p.m. - Bldg. 19

or, civilian, and family member-is of utmost importance," said Vice Admiral William D. French, Commander Navy Installations Command (CNIC). "It is essential that the Navy community as a whole take part in National Preparedness Month and act on Sept. 30 and throughout the year to be ready to mitigate, respond to, and recover from emergencies. In this way, individually and together, we contribute to mission readiness, saving lives, property, and time."

While [www.readynavy.mil](http://www.readynavy.mil) is specific to the Navy, all personnel — military, civilian and contractor, and their family

members — are encouraged to use the resources detailed here in order to be ready.

To get started, the Navy Community will find Ready Navy, the Navy's emergency preparedness program, a beneficial resource. Closely aligned with the National Ready Campaign and other Department of Defense Ready public awareness campaigns, the Ready Navy website provides individuals with guidance on steps to take to be and stay informed, to make an emergency and communications plan, and to build a kit. Also on the website are instructions to guide Navy personnel in register-

ing work and personal contact information in the Wide Area Alert Network to ensure that they receive emergency alerts before, during, and after an incident.

"These are steps everyone should take when living in geographic areas and an age of uncertainty," said Margie Lutz, CNIC N37 Emergency Management Program Manager. "One of the most important steps is to plan how to reconnect and reunite with family during and following a disaster."

Ms. Lutz stated that emergency family plans and contact cards are available for download on the Ready Navy website. "Those that have a planned meeting spot inside and outside the neighborhood and an out-of-town contact everyone knows to check in with are above the power curve if emergencies separate family members."

Hiatt mentioned another important aspect of disaster preparedness that is often not thought of until it is needed — food supplies.

"Throughout the year, there should be a plan in place to stock up food supplies," he explained. "Work your food supply into your normal daily diet. This will serve to replenish and circulate your food stores so that in the event of an emergency, they will be fresh."

Hiatt emphasized that plans should also include the family pet or pets: "Don't forget to include food, water and other items for your pets, in case of emergency."

"Emergency preparedness is a team effort that includes family and friends working together in a time of crisis," Hiatt concluded. "By following these useful tips and utilizing

See **READY** page 8



# Commandant's Corner

Greetings,  
Wow! It is September already. It seems like it was just yesterday that I was asking all of you to be safe and watch out for each other as we approached the 101 Critical Days of Summer and now here we are post Labor Day and moving into the fall. We were able to get through the 101 Critical Days of Summer without any major mishaps, serious injuries or loss of life. Well done to everyone for taking care of and watching out for yourselves, your families, your coworkers and your shipmates.



The month of September is always special in the Navy because this is the time of year that we welcome our new chief petty officers. Currently, chief petty officer (CPO) selectees throughout the region are participating in CPO 365 Phase two. CPO 365 is a year-round professional development program that chiefs' messes across the Navy use to train the next generation of deckplate leaders, focused on training our newly selected first class petty officers to become chiefs. The three-phased, year-long development and training is designed to test the prospective CPO or selectee mentally, physically, personally and professionally. Phase two of CPO 365 began when the chief petty officer selection board results were released, which occurred Aug. 5 this year. It builds upon what was started in phase one by preparing CPO selectees for their transition. Let me be the first to congratulate our chief petty officer selectees. This year's CPO pinning will take place at 1 p.m. on Tuesday Sept. 16 at the Navy Memorial. I encourage everyone to come out and support our newest chief petty officers.

September brings many changes to Naval District Washington (NDW); cooler temperatures, changing leaves, the kids going back to school and football season. It is also National Emergency Preparedness Month. A time when everyone should ask themselves the question, "Am I Navy ready?"

During National Preparedness Month we are reminded to reflect on command and personal emergency preparedness, to make a plan, build a kit and stay informed, not just for a month, but every day. Ready Navy provides a road map and creates a state of mind for Navy personnel and families to be and stay prepared for any potential hazard throughout the year,

something I take very seriously. Ready Navy is a proactive Navy-wide emergency preparedness public awareness program. It is designed for the Navy community to increase the ability of every person and family on or near Navy installations to meet today's challenges head on and plan and prepare for all types of hazards, ranging from hurricanes and earthquakes to terrorist attacks. Please visit the Ready Navy website at <http://www.ready.navy.mil/>. There you can educate yourself on a number of ways to prepare during and after National Emergency Preparedness Month.

Finally, September is Hispanic Heritage Month. NDW proudly joins the rest of the nation in honoring and celebrating the rich cultural heritage of our largest linguistic and ethnic minority in a month-long tribute to Hispanic contributions. Hispanic Americans have served at sea in every war of our nation's history. They have not stood on the fringes of the service, but at its center as makers of American Naval history. The concept of a diverse Navy means that a force is varied in experience, background and ideas that contribute to our warfighting success. Cultural recognition months like Hispanic Heritage Month help us reflect on what we are as Americans, a society composed of diverse cultures, backgrounds and beliefs. As always, I encourage all of you to support and attend any diversity events at your installations and recognize that the Navy's strength is a product of its diversity.

Thank you all for participating in our recent DEO-MI survey, since we've received the results, our team has been asking some of you follow-up questions to gain additional insight into some of the issues you identified, and the next steps will be to identify some ways we can improve on those areas. Like I did last year, I'll wind the effort up with feedback sessions open to all personnel. Thanks for your continued support.

That is all for now, keep charging.

**Rear Admiral Markham K. Rich**  
**Commandant, Naval District Washington**  
**Deputy Commander, Joint Forces**  
**Headquarters**  
**National Capital Region (JFHQ-NCR)**

## Bethesda Notebook

### Stages of Healing

Aftersix, a jazz, piano and bass band, is scheduled to perform Monday, Sept. 8 at noon in the America Building lobby as part of the Stages of Healing series at Walter Reed Bethesda. For more information contact Lt. Cmdr. Micah Sickel at 301-295-2492.

### TeamSTEPPS Training

Health Education and Training at Walter Reed Bethesda is offering a make-up class for the TeamSTEPPS (Team Strategies & Tools to Enhance Performance and Patient Safety) fundamentals course for clinical inpatient areas that are already trained, on Sept. 12 from 7 to 11:30 a.m. (registration from 7 to 7:30 a.m.) in Building 10's Clark Auditorium. TeamSTEPPS is designed to improve patient outcomes by improving communication and teamwork skills. For more information, contact Lt. Asia Raheem at [asia.o.raheem@health.mil](mailto:asia.o.raheem@health.mil), or Staff Sgt. Angela Stevenson at [angela.y.stevenson@health.mil](mailto:angela.y.stevenson@health.mil). To enroll, email [classregistration@health.mil](mailto:classregistration@health.mil).

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# Army's Top Nurse Holds Town Hall



Photo by Sharon Renee Taylor

**Army Nurse Corps Chief Maj. Gen. Jimmie O. Keenan (right) speaks to Walter Reed Bethesda nurses and other staff members during a town hall she hosted at the medical center on Aug. 6. "You all are continuing to do amazing work here...It's critical to do that work," Keenan said.**

**By Sharon Renee Taylor**  
WRNMMC Public Affairs  
staff writer

"You all are continuing to do amazing work here at Walter Reed Bethesda and National Capital Region. It's critical to do that work," Army Nurse Corps Chief Maj. Gen. Jimmie O. Keenan, told military and civilian nurses who attended the Aug. 6 town hall she hosted in Walter Reed National Military Medical Center's Memorial Auditorium.

In her third visit to the Nation's Medical Center this year, the Army's top nurse reviewed four issues she said are pertinent to the WRNMMC nursing staff. Keenan discussed leader development, evidence-based decisions, talent management and patient advocacy. The major general called them priorities for the Army, but indicated they're priorities across military medicine.

"When you talk about the profession of arms ... when we wear the uniform, we're wearing the uniform as members of the military — whether it's as a Soldier, Sailor, Airman or Marine," Keenan told the nurses. "So with every member, that's what we are first [service members], and then we're an officer or a non-commissioned officer, and then we're a nurse or a physician."

She spoke of the nurses sharing the same values as their patients who have worn the uniform, and encouraged them to look strategically ahead to where they may go next: humanitarian missions, peace-keeping assignments or the combat zone.

"And so we've got to think about that as we move forward. We have to look at how we remain relevant to support our line forces — whether it's on a ship, on a plane or on the ground," Keenan said.

Town halls are critical to the nursing body at WRNMMC to address questions concerning professional development and the future direction of the nursing profession in all services, explained Army Col. Joy Napper, department chief, Health Education and Training. She added town halls also provide a forum for staff members to conduct self-examination as leaders are developed, both locally and in the Department of Defense.

Napper said all levels of nursing staff attend the town halls, including military and civilian registered nurses, licensed practical nurses, corpsmen, and medics.

"The overall feeling was genuinely very positive and with deep appreciation for Maj. Gen. Keenan's frank and honest conversation with all members present," Napper continued, adding she believed the most important item discussed at the recent town hall was the end strength of the Army Nurse Corps. "In addition, she stressed the chief responsibility of senior nurse leaders is to professionally develop our junior officers assigned to this facility to sustain a competitive record for promotion."

First Lt. Ilona Zamojda, a junior nurse at WRNMMC, agreed.

"She was pretty frank and honest [and] stated the way forward, especially addressing the issues we're experiencing with the [military] drawdown and how that's affecting the nurse corps and promotion rates," the lieutenant explained.

"She was very positive, especially when handing out awards, and asked each individual, 'What are your plans? What do you plan on doing?' [She's] definitely focused toward the future and getting people that experience in the military," said Zamojda, a medical-surgical nurse.



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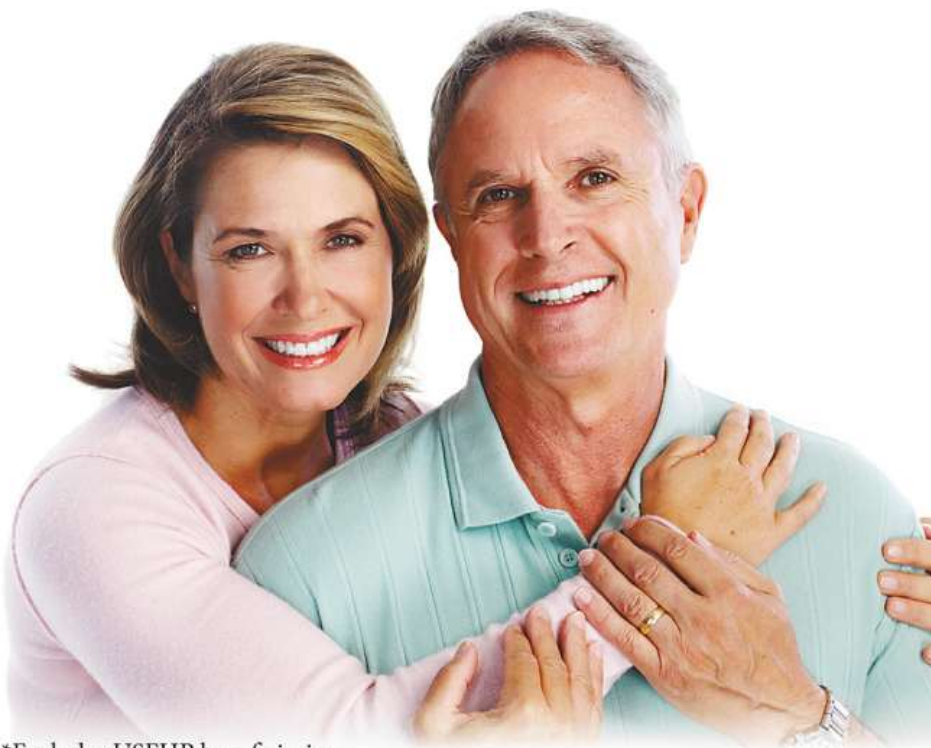
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# USU Students Learn Medicine Through History

By Julie Smith  
NSAB Public Affairs  
staff writer

In the pre-dawn hours of September 17, 1862, the hillsides and farmlands near Sharpsburg, Md., were filled with anticipation as Union and Confederate troops converged near Antietam Creek for what would be the bloodiest day in American military history.

At the conclusion of the 12-hour clash, nearly 23,000 soldiers were dead, wounded or missing, and several current military medical practices, both clinical and operational, would come from that one grisly day of war.

That is what 170 medical students from the Uniformed Services University of the Health Sciences' F. Edward Herbert School of Medicine (USU) set out to explore during the university's annual road march across Antietam National Battlefield Aug. 21. The students were there to learn about the origins of mass casualty management.

"Antietam was the bloodiest battle of the Civil War and a lot of medical lessons were learned here," Senior Chief Hospital Corpsman Keith Dow, course non-commissioned officer in charge said. "A lot was learned about health service support, including evacuation of the wounded, that we're still teaching today. We learn from history."

The three-mile battlefield march



**Medical students from the Uniformed Services University of the Health Sciences participate in a road march at Antietam National Battlefield Aug. 21. The students were there to learn about the origins of mass casualty management.**

included 10 stations where representatives from the National Museum of Civil War Medicine in Frederick, Md., brought to life stories about the Battle of Antietam.

The museum's education programming coordinator, Kyle Wichtendahl, was dressed as a battlefield doctor and



Photos by Julie Smith

**National Museum of Civil War Medicine media director Marcie Schwartz shared how Clara Barton, a private citizen, arrived around noon during the battle with fresh medical supplies, food, clothing and lanterns.**

discussed mass casualty management, used for the first time during the Battle of Antietam.

"Battlefield medicine was created in the aftermath of Antietam," Wichtendahl stated. "It may seem like it's not relevant because it was such a long time ago, but it is."

Dr. Dale Smith, USU professor of military history, encouraged the students walking the battlefield to recognize where the modern principles of health service support came into play during the battle. Those six principles – conformity, proximity, flexibility, mobility, continuity and control – assist in medical operational planning, he added.

"This gives us some tactical education as well as operational-level education using history as an example because military officer education is still very heavily historical," Smith said. "This is a phenomenal learning experience that will make (the students) better staff officers down the road."

Smith called Maj. Jonathan Letterman, the medical director for the Army of the Potomac, "the greatest operational thinker in military medical history," as a result of Letterman's creation of a system of care for the wounded, which included the first organized ambulance corps for medical evacuations just prior to the Battle of Antietam.

"The ambulances had been controlled by the quartermasters and the quartermasters hired teamsters to drive them," Smith continued. "Contract teamsters were not particularly keen on going on to the battlefield while a battle was raging to retrieve the wounded. So Letterman began to assign troops with litters and as soon as it was moderately safe, they'd go in and begin to evacuate people."

Letterman's evacuation system also included triage stations, field hospitals

located close to the battlefield to stabilize the wounded, and a larger hospital away from the battlefield. It worked so well, Smith said, that Congress wrote it into law in 1864 and the system was officially adopted by the U.S. Army.

According to Smith, medical knowledge was extremely primitive at the time and battlefield amputations were a standard practice because gunshot wounds could easily get infected. It was also easier and less painful for troops to be transported post-amputation. Wagons without suspensions bouncing along muddy dirt roads were not kind to Soldiers with shattered or broken bones, Smith added. A good surgeon could complete an amputation in about 10 minutes. The only options for surgical anesthesia were chloroform or ether, which only reduced pain.

"It is gruesome to a modern mind; it's the best medicine that had ever been practiced in the history of the world at that time," Smith continued. "We are prone to forget that compared to the war with Mexico 20 years earlier, there were phenomenal medical advancements. And those amputations led to a huge growth in the prosthetics industry after the Civil War."

The medical students also encountered Marcie Schwartz, the museum's media director, dressed as Clara Barton. Known as "the angel of the battlefield," Barton arrived at the Battle of Antietam around noon while intense fighting was still taking place. The medical supplies had run out, and field doctors were dressing wounds with corn husks, Schwartz stated. But Barton had brought with her a wagon load of fresh medical supplies, food, clean clothes

See USU page 10



## NOTHING BUT NATIONALS EAST

<div style="font-size: 4em; font-weight: bold; margin-bottom: 10px;">P</div> <p><b>FRIDAY, SEPTEMBER 5</b> 7:05 P.M.</p> <p><b>SATURDAY, SEPTEMBER 6</b> 4:05 P.M.</p> <p><b>SUNDAY, SEPTEMBER 7</b> 1:35 P.M.</p>	<div style="font-size: 4em; font-weight: bold; margin-bottom: 10px;">A</div> <p><b>MONDAY, SEPTEMBER 8</b> 7:05 P.M.</p> <p><b>TUESDAY, SEPTEMBER 9</b> 7:05 P.M.</p> <p><b>WEDNESDAY, SEPTEMBER 10</b> 4:05 P.M.</p>
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### UPCOMING SERIES



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# Take a Break and Get Your BODYSTEP On

By Mass Communication Specialist 2nd Class (SW/AW/IDW) Ashanté Hammons, NSAB Public Affairs staff writer

Working a typical Monday through Friday schedule can feel like Groundhog Day. The days consist of perusing through emails, completing tasks, drinking coffee, answering and making phone calls, attending various meetings and grabbing a quick lunch while going to another meeting. When does anyone have time for themselves?

Instead of spending lunchtime rushing to another meeting, the Morale, Welfare, and Recreation (MWR) Fitness Center at Naval Support Activity Bethesda (NSAB) offers Les Mills' program BODYSTEP™ class for a great cardio workout.

"It makes for a great lunch break," enthused Cristel Russell, program instructor." She adds it's a good complement to more intellectual work. "Few of us have physical work to do on a daily basis. Most of us are sitting and doing things and that's not good for our bodies. You need to work your body."

Russell, who is a university professor, looks forward to lunch in the afternoons after a busy morning. Working out should not be painful or a chore, but should be fun, she said. She explained that BODYSTEP is a great cardio workout that works out the large muscles in the body: hips, thighs, and other problem areas. While the lower body is being worked, Russell said that the core is getting a workout as well as "we lift our knees." Workout enthusiasts use a height-adjustable step and simple movements on, over and around to motivating, up-tempo music which creates a party atmosphere.

"It's like an escape and then they get back to work," said Russell. "They're oxygenated and energized and able to get through the rest of the day. It makes me more productive in the afternoon during the work day."

Russell leads the class to encompass different fitness levels for everyone. Younger people may be really fit and they are able to do jumps and have a high intensity workout. Yet, older people or people who have never worked out have to start at a lower intensity, she explained.



Photo by Mass Communication Specialist 2nd Class Ashante Hammons

**Cristel Russell, BODYSTEP instructor, leads her class through an upbeat cardio workout with various body movements. BODYSTEP is offered every Thursday from 11:45 a.m. to 12:45 p.m. at the MWR Fitness Center.**

"I think they appreciate it because they feel like they can get a really good work out at their pace," Russell added. "It's their workout. I always tell them that. It's about them. I'm the instructor. I'm not here to show off or anything. I'm here to make sure they get something out of the class."

Jill McCarver, who is new to NSAB, enjoyed the class and would encourage others to join the fun.

"I would definitely come back to BODYSTEP," says McCarver. "I've tried other classes but I enjoy step the most because it is challenging. Overall, it's a great workout."

MWR Fitness will be offering BODYSTEP, along with Water Zumba, Zumba, Hydro Spin and Body Pump classes for free during the month of September.

BODYSTEP is offered every Thursday at the MWR Fitness Center from 11:45 to 12:45.

For more information about MWR group fitness classes, contact Carrie Bidus at [Carolyn.bidus@hotmail.com](mailto:Carolyn.bidus@hotmail.com).

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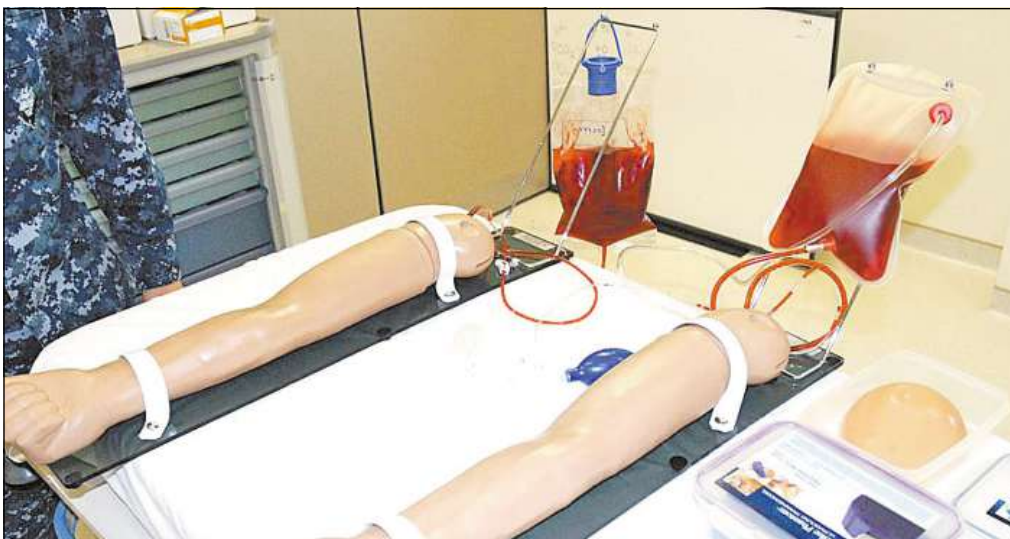


# Sim Lab Offers Unique



Hospital Corpsman Jeffrey Manahan uses a trainer to learn how to insert an IV.

The trainer uses simulated veins pumping simulated blood to train students on how to properly insert the needle and attach the IV.



**By Mass Communication Specialist 2nd Class (AW) Chris Krucke  
WRNMMC Public Affairs staff writer**

Welcome to the Simulation Center (SIM Lab) at Walter Reed National Military Medical Center (WRNMMC), an educational and training resource where the unreal can take on a virtual life all its own.

In the high-tech center, there are realistic manikins with IVs, life-like organs and simulated skin offering a variety of training, ranging from but not limited to, Emergency Medical Technician programs, suture, and set-up and sterile technique.

Although the SIM Lab held its grand opening in January 2013 at WRNMMC, it actually traces its roots back 14 years ago to 2000 at the Uniformed Service University of the Health Sciences (USU), then in 2007 at the former Walter Reed Army Medical Center and in 2011 at the former National Naval Medical Center.

Using life-like prosthetics, simulated veins pump simulated blood through virtual reality task trainers so students can get a hands-on experience of what it would be like to care for an actual human.



A student inserts a needle for an IV in the IV



This anatomically correct baby manikin can conjunction with the mother to simulate a w of birth complications.



# Real-Life Experiences

The high-fidelity manikins act as another learning tool in the SIM Lab. Different from those in-store display manikins, the SIM Lab's manikins are specifically designed for education and teaching and are completely anatomically correct.

"The Simulation Center is a tool that is used by a wide variety of programs to optimize teaching for their learners and staff. We are the hospital's education center," explained Army Lt. Col. (Dr.) Jeffrey Mikita, chief of the Department of Simulation.

The lab also uses actors trained to play the role of a specific patient, and is part of the National Capital Region (NCR) Simulation Consortium, which includes the Uniformed Services University and Fort Belvoir Community Hospital Simulation Centers.

"We provide multifaceted learning and training experiences to the full continuum of health care professionals in the NCR and beyond," Mikita added.

Navy Hospitalman 2nd Class Rachel Stone, an administrative support specialist for the Department of Strategic Communications, recently used the SIM Lab for training.

"I know when I came from Corps 'A' School, I was nervous about having real patient interaction," Stone said. "I feel like the simulation lab creates a suitable environment that can challenge the nervous learner and reinforce specific skill sets needed for true patient interaction."

One of the interactive classes Stone attended was the suture training in which students used life-like skin molds with lacerations for suturing.

"We had a great instructor that taught us the basics and then moved us up to more advanced techniques," Stone said.

Some of the techniques practiced were proper handling of the surgical tools while hand tying a square knot, and a surgeons knot, she added.

According to Stone another aspect of the SIM Lab is people can reserve a classroom and share their knowledge of what they learned in the facility.

Stone, who hosted an IV training for three junior corpsmen, continued, "This is also a great place for people to teach things that they have learned down range to others. There are a lot of unknowns when it comes to deploying, and I think the simulation lab should be used more frequently by people that are first time deployers.

I would love to come and answer any questions that first time deployers had to make them feel more comfortable with the experience they are about to witness."

The IV training was designed to give the corpsmen and medics practice on a simulated real-life vein by placing tourniquets for vein access, and how to hold, insert and remove a needle. Also, students learned how to prepare an IV line, and what they should look for after the IV is placed to make sure it is in the vein, stated stone

"Nothing will be able to replace the feeling of real flesh other than real flesh, but I think the simulation lab does a great job on providing realistic models and environments to the enlisted and officers," Stone said.

Mikita explained the SIM Lab is beneficial to the military because, "There is a substantial amount of evidence that simulation training can save money as well as improve care. One of the direct benefits of improved care is that it saves the medical system money by reducing the amount of care necessary."

To reserve space in the lab or to sign up for a class at the Simulation Center, go to: <http://www.jotform.com/form/32883893894880>.



Photos by Mass Communication Specialist 2nd Class Chris Krucke

**HM2(IDW) Rachel Stone and HM2 Joseph Marcinkowski receive instruction from Dr. George McNamee of the Uniformed Services University, on proper technique for handling instruments while suturing lacerations in the Simulation Center at Walter Reed Bethesda.**



# Town Hall Discussion Focuses on Patient-Friendly Efforts, Staff Concerns

By Bernard S. Little  
WRNMMC Public Affairs staff writer

Walter Reed Bethesda leadership met with staff and discussed upcoming physical readiness testing for service members, budget issues, hiring actions and the change to lower grade process impacting civilian employees, during a town hall at the medical center on Aug. 12.

"This is a good place," Brig. Gen. (Dr.) Jeffrey B. Clark said to staff in describing Walter Reed National Military Medical Center (WRNMMC) during the town hall. "We're not perfect, [but] you keep making it better," added the WRNMMC director.

He encouraged staff to continue to create patient-friendly experiences for beneficiaries and their families, and view situations from the perspectives of patients and families.

"If the patient does complain about something, you thank them for that complaint and use it as an opportunity to make positive change," Clark added. "That's very important."

Patient-friendly service is also the driving principle behind the establishment of the National Capital Region's centralized appointing and referral management service for beneficiaries, called the Integrated Referral Management and Appointing Center (IR-MAC) located at Fort Belvoir, Va., Clark continued. He added WRNMMC is working to create standardization of protocols and processes with IRMAC to improve access to care for beneficiaries.

## PHYSICAL READINESS TRAINING

Also during the town hall, Army Capt. Janeen Mathies, service chief for physical readiness training at WRNMMC, addressed the Navy Physical Fitness Assessment (PFA) for Sailors scheduled to take place in October. She said medical waivers from Sailors are due to Internal Medicine by Sept. 19, and Sailors' command weigh-ins/body composition assessments will be held from Oct. 6 through Oct. 17. Navy testing for directorates and units will be conducted from Oct. 20 through Nov. 14, and all Sailors must complete their weigh-ins prior to scheduling their test.

"We recommend [members] weigh-in early in order for them to get their desired date for testing,"



Photo by Sharon Renee Taylor

**Brig. Gen. Jeffrey B. Clark, Walter Reed Bethesda director, encourages staff to continue to create patient-friendly experiences for beneficiaries and their families, during a town hall on Aug. 12 at the medical center.**

the captain continued, the alternative cardio testing options for Sailors are not an entitlement, and slots will be given out on a first-come-first-served basis. In addition, make-ups for the PFA, scheduled for Nov. 17 to Nov. 21, "are only for members who have documentation for their absence during the entire PFA cycle."

Army Staff Sgt. Jamie Jackson, Troop Command operations and readiness non-commissioned officer, explained for Soldiers, the semi-annual Army Physical Fitness Test (APFT) will be Oct. 6 through Oct. 31, excluding Oct. 13 (Columbus Day). Testing will be conducted Monday, Wednesday and Friday at 6 a.m., and 2 p.m., except during the last week of October when testing will be Monday through Friday at 6 a.m., and 2 p.m. Testing will be at the physical activity site behind the Uniformed Services University. Height and weight check will be conducted in the Troop Command Bldg. (147) Monday through

Thursday from 8 a.m. to 3 p.m., and on Friday from 8 a.m. to noon. Height and weight checks must be completed within 14 days of Soldiers' APFT. Soldiers must also bring a copy of their permanent profiles to the APFT. Soldiers who bike or swim for the APFT must make an appointment before the testing.

For more information about the physical readiness training (PRT), people can visit the PRT office in Building 17B, third floor, Suite 3F, Monday through Friday from 7:30 a.m. to noon, and from 1 to 3 p.m. The phone number is 301-295-5502. The PRT website can be found on the WRNMMC intranet at <https://www.wrnmmc.intranet.capmed.mil/Clinical-Support/PH/PRT/SitePages/Home.aspx>.

## BUDGET TALKS

In discussing the budget at the town hall, Cmdr. Gordon Blighton, assistant chief of staff for resources/comptroller at WRNMMC, provided an update on the medical center's posture. He said WRNMMC will have a positive closeout for fiscal year 2014, and "we need to continue on that process next fiscal year. We will need a continued focus on identifying savings while maintaining safe and quality patient care." He added contract reviews, supply management and accountability will continue in fiscal year 15 to ensure another successful financial year for WRNMMC.

## CIVILIAN EMPLOYEES CONCERNS

Focusing on other civilian concerns, Clark said WRNMMC will continue to look to better recruitment and hiring actions, as well as civilian leadership training and opportunities. In addition, he discussed the change to lower grade affecting some civilian positions at WRNMMC. Initially, more than 90 civilian positions at WRNMMC had been slated to change to a lower grade as a result of a civilian position reclassification process National Capital Region-Medical, required because of the 2005 Base Realignment and Closure law.

"We got that number down to 79 positions," Clark added, explaining those employees were informed of the change to lower grade action Aug. 12, although it doesn't become effective until November. The general said during that time, he and his staff will be looking for ways to minimize the impact of the action directly affecting those employees.

Clark concluded the town hall encouraging staff to continue to "accomplish our mission, take care of each other and take care of our families."

The next WRNMMC town hall will be Tuesday, Sept. 9 in Memorial Auditorium at 7 a.m., noon and 3:30 p.m.

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## READY

Continued from pg. 1

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Master-at-Arms Security Drill

Naval Support Activity Bethesda







Photo Story by Mass Communication Specialist 2nd Class Ashante Hammons

**Naval Support Activity Bethesda (NSAB) Security team members participated in a Navy Security Operations Exercise Program (NSOXP) drill, Aug. 28. NSOXP drills are held monthly and focus on different security issues. “We alternate the training to keep our personnel trained and on their toes with the various aspects of security,” said Petty Officer First Class George Sangriu, a member of NSAB’s Security team. “In order to maintain the integrity of the drills, we only tell certain people what the next drill will be for the team.” NSOXP is designed to provide ashore and afloat commanders with an anti-terrorism assessment tool designed to evaluate watch standers and small unit leaders in meeting stated U.S. Navy mission essential task-based measures of performance.**



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# USU

Continued from pg. 4

and lanterns. With no formal medical training, she worked alongside medical personnel non-stop for three days before collapsing from exhaustion.

“During the night, some of the surgical assistants abandoned their posts, and Clara stepped in to assist in an amputation,” Schwartz said. “She cared for both Confederate and Union wounded. A human life was a human life to her.”

Militarily, the Battle of Antietam was a draw, but President Abraham Lincoln considered it a victory, and just days later issued a proclamation that he would free all slaves in any state that did not reestablish themselves as part of the Union by Jan. 1, 1863. The Confederate states did not cooperate, and the Emancipation Proclamation took effect.

For medical student Ensign Alec Kersey, spending the day at Antietam was a reminder of where tactical combat casualty care began.

“They were onto the concepts of our current medical systems and use many of the same principles we go by today,” Kersey said. “It’s the foundation of how we do medicine during war time. It’s a privilege being out here.”



Photo by Julie Smith

**Dressed as a Civil War-era battlefield doctor, Kyle Wichtendahl, an educational programming director from the National Museum of Civil War Medicine, talks with USU medical students.**

*Excerpt from ‘The Battle of Antietam,’ Unknown, printed in Harper’s Weekly, July 4, 1863*

Two who have stood up hand in hand,  
Brothers today as in years gone by,  
When, on the slopes of the Northern land,  
Was braided closely each separate strand,  
Of their lives in a perfect, golden band,  
Close to each other lie.  
“Tom,” says the elder, wiping slow  
From his comrade’s lips the crimson stain,  
“Does the thirst torment you now?”  
“Oh no!” Says the other, with broken voice and low,  
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